



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

September 25, 2007

Shawna Warner, Administrator
Gables of Pocatello-Gables Management, LLC
2805 S Grant
Pocatello, ID 83204

License #: RC-874

Dear Ms. Warner:

On June 26, 2007, an Initial Licensure survey was conducted at Gables of Pocatello-Gables Management, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Polly Watt-Geier, MSW". The signature is fluid and cursive.

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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July 9, 2007

Shawna Warner, Administrator
Gables of Pocatello
2805 S Grant
Pocatello, ID 83204

Dear Ms. Warner:

On June 26, 2007, an initial licensure survey was conducted at Gables of Pocatello-Gables Management, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 26, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", is written over the printed name.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R874	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/26/2007
NAME OF PROVIDER OR SUPPLIER GABLES OF POCATELLO-GABLES MANAGEN			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 S GRANT POCATELLO, ID 83204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial health care survey conducted at your facility. The surveyors conducting the initial health care survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Karen McDannel, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

XNRW11

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Gables of Pocatello - Gables Management</i>	Physical Address <i>2805 S. Grant</i>	Phone Number <i>(208) 232-1091</i>
Administrator <i>Shawna Warner</i>	City <i>Pocatello</i>	ZIP Code <i>83204</i>
Survey Team Leader <i>Polly Watt-Geier</i>	Survey Type <i>Initial Survey</i>	Survey Date <i>6/26/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.01	The facility RN did not assess the benefits or risks for the residents to use side rails (Res #2, #3, RM #5, RM #15).		
2	305.04	The facility RN did not make recommendations on how to use preventative measures to caregivers for Resident #4's physical needs. (i.e. edema in feet, positioning/re-positioning, skin breakdown).		
3	335.03	Resident #4's bedding and linens were observed soiled, staff removed soiled linens and placed the bedspread and 2 pillows on the carpeted floor; which increased the risk for potential for cross-contamination.		
4	450	The facility did not follow the food safety and sanitation standards for food establishments in the following ways: 1. Food was not separated, segregated, or protected in the appropriate manner. 2. Food was not dated or labeled after opening. 3. Food was not temperature was not monitored before serving the meal.	<i>COS 6/26/07</i>	<i>PWK</i>
5	451.01	The facility's menu was not signed or dated by an RD.		
6	600.06 b.	The facility's afternoon and night shift worked alone without 1 st aide certification.		
7	711.01 a	The facility did not track Resident #4's behaviors to include: hiding of soiled attends, refusal of care, and isolation behaviors.		

Response Required Date <i>7/26/07</i>	Signature of Facility Representative <i>Shawna Warner</i>	Date Signed <i>6-26-07</i>
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